



DELAWARE HEALTH FUND ADVISORY COMMITTEE

MINUTES

October 7, 2015 meeting, Chapel, DHSS Campus

Present:

Secretary Rita Landgraf
Bettina Riveros, Esq.
Sen. Bethany Hall-Long
Rep. Ed Osienski
Don Fulton
Dr. Charles Reinhardt
Rep. Debra Heffernan
Sen. Patty Blevins
Sen. David McBride

Absent:

Paula Roy
Dr. Gregory Bahtiarian

I. Welcome and Introductions

The meeting was called to order at 2:10 p.m.

II. Approval of Minutes from the September 22, 2015 Meeting

Dr. Reinhardt moved to approve the minutes, Don Fulton seconded the motion and the motion passed unanimously.

III. Budget Update

There was no updated information to present.

IV. Presentations from Applicants

At the September 22, 2015 meeting, HFAC members asked to receive more information from Easter Seals and to hear from applicants who requested more funding than they requested for FY16.

The Division of Alcohol and Tobacco Enforcement presented first, Deputy Director Robert Kracyla spoke from the attached power point presentation and provided handouts to HFAC members. In summary, DATE uses HFAC funds to educate 1162 stores owners about applicable laws and to pay the 30 teens who test stores for compliance. Delaware has 97% compliance rate for tobacco because DATE goes to all locations. Largest budget item is

personnel, which includes paying the kids who test. The increase is for personnel costs. Don Fulton thanked DATE for their diligence, which allows Delaware to keep getting the full share from the MSA. Without full-funding, they will not get to 100% of the stores and instead will have to prioritize and just do Synar enforcement.

Verna Hensley presented next for Easter Seals. Easter Seals is not requesting increase over FY16 budget request, but spoke to answer questions about Camp Farlee and explain how the tobacco funds are used. She read prepared remarks which are attached. The camp is located in Maryland because that is where the land that was donated by DuPont is located. It is the only totally accessible camping facility available year round. It is for adults & kids and also houses a day camp. It is used for weekend respite throughout the rest of the year. She invited HFAC members to visit, adding that it is not far from Middletown. The majority of staff are Delawareans because Easter Seals recruits from direct support staff who work for Easter Seals during the week. Sen. Blevins asked what happened to money not spent in FY15? Budget staff confirmed that it reverted back to health fund for use the following year and the total that reverted was \$4,700.00. Dr. Reinhardt asked how many people does the health fund money cover? Ms. Hensley explained that the request covers 40 service units and 1 respite weekend equals one service unit. Forty service units does not equal 40 people, because some people may come more than once. The Chair explained that some people DSAAPD serving are returning veterans who are eligible for these services. Don Fulton stated that he has been to the camp several times to work on projects, and it is great and money well spent. Ms. Hensley added that veterans, the MS Society, and Brain Injury Association have all used the camp for weekends.

Del Tech presented next. Jerry McNesby provided the attached through handout which he explained. He thanked this committee for addressing what was an impending nursing shortage. Their program has grown from 354 to 833 students. Health fund money funds 25 positions, mostly faculty, some lab. 96% of the students are Delawareans and 70% graduate debt-free. The increased request is to fully fund the same positions. Rep. Osienski asked if they still see high demand for nurses in industry? Mr. McNesby said yes, there is still demand and the students graduate and walk into jobs paying over \$50,000 because the jobs are there. The chair asked to confirm that the additional funding was to restore positions? Mr. McNesby clarified that no positions have been cut but it is to fully fund the existing 25 positions which cost a total of \$2.5 million.

DPH presented next on the Chronic Disease program. Richard Killingsworth presented the attached power point presentation. When they reach people who are pre-diabetic, we can prevent diabetes and save health care dollars. Diabetes prevalence has doubled since started receiving funding yet the funding has been decreased by 43.2%. Increased funding will target people with pre-diabetes to impact health and health care costs. The Chair pointed out that the FY 16 request was for \$369.2 but the program received \$284,000. Sen. Blevins asked how current funds are spent? Mr. Killingsworth explained that it is used to manage programs at foundational level and went back to slide 7 for details such as funding care outreach workers, screenings with the programs. Don Fulton said he had just attended a seminar at Christiana Care where he learned that 57% of people with diabetes are not following the prescribed protocol. He said if this is correct, seems like education is critical. Mr. Killingsworth agreed

and said the deepest impact potential is for people who are pre-diabetic and these programs are part of outreach and education. Mr. Fulton asked if they have statistics for Type I & Type II? Mr. Killingsworth said they have them but he does not have them available. Mr. Fulton asked where is greatest prevalence? Mr. Killingsworth said with Type 2. Rep. Osienski said employers and insurers recognize that their highest costs are for people with chronic diseases so employers and health insurers have implemented programs to address health and these diseases. He asked if as those programs grow, will the need for this program go down? Mr. Killingsworth said these programs will need more support from the DPH program. Sen Hall-Long said the program uses a lot of volunteers and leverages many experts and other programs, and it is hard to put dollar figure on those contributions. She added that diabetes is also expensive for state, for instance through prison care. The Chair said that Sen. Blevins had asked for more detail on spending and she looked at application but did not see the detail on budget lines. Sen Blevins would like more detail on the budget, breaking out personnel. Sen Hall-Long asked that the program also factor in volunteer/leveraged hours/costs.

Finally, DMMA presented on the Pregnant Women & Infant Program. Tyneisha Jabbar-Bey and Unkyong Goldie presented the attached powerpoint presentation. The caseload for this program has increased by 27% because of the Affordable Care Act. There was a “welcome mat effect” when people came to marketplace to buy insurance and learned that they were eligible for Medicaid. The caseload is leveling off. DMMA requested the increase because the FMAP decreasing. The Chair explained that FMAP is the formula for how much of the program is paid by federal funds and how much matched by the state. The state portion is going to be less because the federal government has increased the federal match. The federal fiscal year is different than the state fiscal year so Delaware will get part of this increased FMAP in FY 16 and will see the full effect in FY17. Rep. Heffernan asked if will we leave federal money on table if don’t fund at the requested amount? The answer is no, this is entitlement program so Delaware will have to pay state funds whether or not those funds come from tobacco funds. The State pays for the care and then bills the federal government to draw down FMAP. Sen. Hall-Long said that this is one of the programs that HFAC members have wished were in general fund funding not coming from the health fund. The Chair reminded everyone that HFAC is an advisory body which makes recommendations that are sent to the Governor and the General Assembly. The state budget goes through the Joint Finance Committee process to become final.

V. Innovation Fund

The Chair introduced this topic explaining that Don Fulton wants to provide background on the concept of the innovation fund and the recommendation regarding it from last year. Mr. Fulton explained that he wanted to do this because there are new people on HFAC and in audience. The background starts by recognizing that by spending settlement money as required, it reduces the number of cigarettes sold and thus reduces amount of master settlement and thus spending the funds properly ironically reduces the funds available. Last year he presented a concept to address the problem that as funds go down, which we hope they do because it means fewer cigarettes are being consumed, we need other sources of funds if we want to keep doing the good work these agencies are doing. The concept is to develop a fund through Delaware Community Foundation, which would create a foundation. Initially HFAC had wisely created an endowment, but because the time the money for saved for has arrived, the

endowment is now down to \$400,000. He's not sure that innovation is the right name for the fund. If a foundation was created, the funds would be invested to grow and it would provide a vehicle for other foundations to contribute towards these programs. The fund could also be used to provide seed money for other good ideas that might benefit health in Delaware. Rep. Barbieri was been part of these discussions. There was a meeting with Governor to discuss the concept and HFAC formed a subcommittee to explore the idea with the DCF. The members of the subcommittee were Mr. Fulton, Michael Barbieri, and Paula Roy. The minutes from last year were reviewed and the approved motion was to use funds left over after following the formula for recommendations to create the fund. The cover memo for last year's recommendations stated the recommendation that the \$1.7 million available after funding programs as recommended be used to start this fund. The Chair asked if there is a minimum figure necessary to create a fund at DCF? Mr. Fulton said that a minimum of \$25,000 is necessary to create a fund. Sen. Hall-Long explained that the Cancer Consortium started a fund a few years ago. It is a very focused strategic fund for an annual conference and the minimum is \$10,000 to keep it open.

The Chair said that they are resurrecting the discussion because it was recommended last year. It was placed on the Agenda before the scenarios, because it was discussed last year and recommended. As we look at the MSA, the availability of funds has declined and access to endowment declined. It was excellent that when HFAC started, it created an endowment to prepare for this day. But this day is here and we continue to deplete the endowment and the payment is decreasing. The budget is very stretched so HFAC looked at what other strategies can we put in play to enable growth to allow us to be creative.

Mr. Fulton added that this concept also provides a vehicle to access alternative funding sources to leverage funding outside of the MSA.

Ms. Riveros asked if he had any sense, if there was fund, what the potential would be for growth? Funds for matching? Mr. Fulton said that the concept is not looking to grow just through investment growth. The DCF has experience with that. The Fund for Women was established 10 years ago with \$1 million and now over \$3.2 million. It was suggested that HFAC could get data on other funds and how they've been able to grow over time.

Sen. McBride asked if HFAC would make this recommendation to the Governor and General Assembly, by what process would the fund be created? Grant-In-Aid? Mr. Fulton said he is unfamiliar with how the state budget process works so he is unsure of the process. He said the Governor said that the General Assembly could agree to establish the fund. Mr. Fulton added that the suggestion is that the HFAC would be board for the fund. Kimberly Reinagel-Nietubicz, from the Controller General's Office, said that one vehicle to create the fund would be through Grant-In-Aid. Sen. McBride said that while he thinks the fund is a good idea, the General Assembly will be under a lot of pressure when get to Grant-In-Aid. Last year the budget provided base/level funding to programs. Like with HFAC applications, the demand far exceeds supply. He supports making that recommendation again.

Mr. Fulton made a motion that part of the recommendations be to establish an innovation fund with DCF, attached to the HFAC, by using the reserve fund of \$405,100 to use tobacco

settlement funds in a way that could leverage additional funding. Sen. McBride seconded the motion. The motion was discussed. Sen. McBride observed that the challenge will be that any request HFAC receives for increase funding will require a reduction or the elimination of other programs in order to consider increase. The Chair asked that the funding summary from the first meeting be displayed on the monitors. She read from the summary that we anticipate the 2017 payment will be \$25 million and that we have interest of \$102,00 providing \$25,189.6 in revenue to allocate. In their applications, existing programs requested \$29,246.3. Thus, there is a shortage of \$4,056.7 to fund requests, without using the endowment. Sen. McBride said that the motion will be excellent in one regard but be challenging in another way. Dr. Reinhardt said that he supports the motion but is reluctant to put a number on it until the HFAC consider requests. He suggested maybe tabling the motion. Rep. Heffernan spoke and said that as a new member, she doesn't have history and asked if HFAC makes this recommendation, does JFC take it into consideration? Would this be taken out of purview of JFC? The Chair answered that the HFAC is advisory and the Governor looks at recommendations, decides whether or not to adopt them in the Governor's Recommended Budget. The GRB is then reviewed by JFC, who also receive the recommendations. HFAC recommendations are not mandatory, but give insight to the Governor, the General Assembly, and JFC. Sen. McBride suggested waiting until other deliberations are conducted before deciding on figure, and that we include in recommendations what the rationale is for making this recommendation. The Chair said that a memo goes with recommendations to Governor and General Assembly every year and this could be included.

The motion was to establish a fund with \$4,056.7 from endowment. Mr. Fulton was asked if he wanted it considered in that form or if he wanted to consider a friendly amendment from Dr. Reinhardt. Mr. Fulton stated that as he understands, Dr. Reinhardt made a motion to table, which takes precedence. Dr. Reinhardt's motion to table Mr. Fulton's amendment was seconded by Rep. Osienski. Sen. McBride clarified that this was to table with the understanding that it would be considered at a later date. Ms. Riveros said that the primary purpose in tabling would be to determine the proper amount to recommend in the motion. The motion to table Mr. Fulton's motion until next meeting passed unanimously.

VI. Process for Developing FY 17 Recommendations

The Chair repeated the summary on the monitors that Delaware expects \$25,189.6 million from the MSA and have \$29 million in requests.

The member packets have spreadsheets containing scenarios in the formats HFAC has used past years, showing across the board reductions necessary to come in at \$25 million. These were prepared to start the discussion and were projected on the monitors.

Scenario 1: Cut all programs by 7.5% excluding DMMA and DOJ. Fund DMMA & DOJ at FY17 requested level. (DOJ & some DMMA programs asked for less). \$25,135.2 is the total cost, which leaves \$54,400. This remainder could be added to endowment, which is not spent under this amount. Rep. Heffernan asked if funding for Wesley College was included in the scenarios. It was not because it was not funded in FY16 but they submitted an application because HFAC recommended funding Wesley. If cut Wesley from \$196,000, the amount

Wesley requested in FY 16, 7.5% would be \$181.3. Robert Contino from Wesley spoke briefly and explained that Wesley is only asked for \$75,000 in the FY 17 application which is the amount needed for technology because of Wesley's relationship with PolyTech and to help with Del Reserve Medical Service Corps. Staff entered \$75,000 instead. Spreadsheets were reviewed to see if any other programs requested less than they received in FY16, and confirmed that only DMMA, DOJ, and Wesley requested less than they received in FY 16.

Scenario 2: Cut funding for all programs by 10% from FY16 level. The Chair explained that this scenario doesn't make sense because Medicaid entitlements get more than what they asked for under this scenario. It is included to show what an across the board cut would look like. The Chair made a motion to take out Scenario 2 out of play. It was seconded by Sen. Blevins and passed unanimously.

Scenario 3: Fund all programs at FY16 funding level except DMMA and DOJ at the requested level and DHCP not recommended. (again, because DOJ & some DMMA programs asked for less). Total cost under this scenario is \$24,648.3 leaving a difference of \$541.3. Wesley is not included in this scenario either. Rep. Osienski stated that he sees problem with this scenario in that JFC will say HFAC is asking to find money for CHIP and asking for money for innovation fund, so thinks JFC might take innovation fund. Sen. Blevins said that she thinks likelihood of cutting innovation fund same either way because she heard concerns about the concept last year. Rep. Heffernan said that she also heard concerns.

The Chair said that these scenarios to get the dialog going as have done in the past. She welcomed comments if there is a scenario not considered before a member would like to recommend creating. The next meeting is October 16th, 1:30 – 3:30. Staff will bring back Scenario 1, with Wesley at \$75,000, and the innovation fund. If members would like to see another scenario, please let us know.

Ms. Riveros mentioned that she was on a call with other states this week and learned that some took the MSA funds and put them into a trust and only use the interest to pay for programs. She doesn't have details but it might be like the endowment. HFAC can explore if other states have that kind of process.

Sen. McBride asked regarding the innovation fund, if perhaps staff could research various ways that could be done and could suggest the most expeditious vehicle to create one.

VII. Public Comment

Jennie Turner, Krissy Yurkanin, & Inez Credo who are graduate students at UD in health promotion presented prepared remarks which are attached.

The Chair thanked them and explained that they can also advocate in the OMB process. Nov 19th is the DHSS hearing and there is also an opportunity to testify when the DHSS budget goes before JFC. HFAC recommendations don't always get adopted so they should advocate at other steps.

Sen. McBride said that their comments on target and correct. He is upset that over the years that spending got away from original intent, but Delaware is doing much better than North

Carolina which used MSA money for tobacco drying sheds because Delaware used funds for health but not prevention. He highly recommends they speak to JFC which does not always go along with HFAC recommendations. It is also recognize it is a very difficult time and the money Delaware gets is less than the amount allocated last year. In order to allocate where they are suggesting, we'd have to look at where to pare back spending.

George Meldrum – Nemours AI DuPont Hospital. Not much to add to what the prior speakers said. He applauds the work done in past. They consider nicotine addiction a childhood disease with adult consequences. He notes that we are up against tremendous advertising. He hopes funding for prevention continues at its current level and would like to see it increase.

Pat Hoge – Chair of Tobacco & other Risk Factors committee. She said she would build on students' statement. The tobacco industry spends \$52 million/ year in Delaware. In Delaware there is \$96 million in Medicaid budget spending on treating tobacco related illnesses. The states of Washington, Arizona, and California have looked at what happens when invest in prevention and have found that for every \$1 spent in prevention, the state saved \$5 in health care costs. These costs were saved not just in cancer treatment, which is down the road but there are immediate savings from not treating asthma, ear infections, heart attacks, strokes, upper respiratory infections. She asked HFAC to keep these numbers in mind. This is Medicaid spending alone, not even the rest of the health care system, or lost productivity.

Sarah Mullins, family physician in Delaware for 10 years. She is on the tobacco advisory committee for American Academy of Family Physicians. Delaware is at 73% of the recommended funding for prevention. She sees the impact on babies and parents. She has a patient who is newly pregnant who quit smoking with help of quitline and assistance. The patient's baby was born at normal weight and now has a low risk of SIDS.

Jo-Amrah Wardall. Her father smoked for 40 years and she had asthma and bronchitis. At 24, she was diagnosed with cancer and is 12 year cancer survivor. We do a great job treating cancer patients, but need to do more for prevention. Her father used quitline and is now smoke free.

Sen. McBride asked if more money was added to tobacco prevention and control, where would be the best place to do that? The Chair looked at where the spreadsheet lists prevention and control programs and said prevention funding goes to DSCYF, DATE, DOJ, and DPH who has largest share. Robert Kracyla said that compliance checks are the most effective piece in what DATE does because it keeps violation numbers down but the bigger impact is it affects a merchant's business license. The Chair said she recently spoke with Tom Brown from the Delaware Department of Justice who represents the state in the MSA litigation and he explained that there is a problem with the illegal sales of singles and that the tobacco industry targets specific zip codes Wilmington.

Tom Brown said that he was impressed with UD speakers. The industry spends \$8.8 billion nationwide on advertising and much of it on retail. He gave examples of push pull ads on doors, cigarettes placed near candy to reinforce that cigarettes are safe and treats like candy.

He said that tobacco is the number one cash item for retailers so the threat to their license is big thing.

Jonathan Kirch from the American Heart Association. He wanted to relate testimony to budget numbers. He said that DOJ and DATE are deserving of additional funds to continue what is the best compliance operation in country. The DHSS/DPH prevention work falls under prevention budget and is deserving of several million more dollars than what they are receiving now.

Robert Kracyla from DATE added that tobacco diversion is related directly to terrorism funding.

Mr. Fulton said that he echos a lot of the comments today and has said the same things in many places. He said he has been vilified for suggesting moving some programs from tobacco funding. He'd like to continue to include scenarios that remove the CHIP program from HFAC recommendations.

The Chair asked Tom Brown from DOJ to confirm that the way Delaware has used tobacco funding is appropriate. Mr. Brown said he commended Delaware at last the meeting for using the MSA funds for the proper purposes under settlement. He said that Delaware has been following the statutory requirements. The Chair thanked him for making it clear that Delaware has not been spending the money inappropriately.

Ms. Riveros said that listening to comments, it sounds like a request for scenarios with additional prevention spending, maybe using the CDC evidence based recommendation.

Sen. McBride said he would like to get recommendations from experts so we get the most bang for buck. He totally agree that at no time has Delaware made any misappropriations. This goes back to Sen. Blevins' legislation creating the Health Fund to make sure the MSA funds are used for health purposes. He contrasted this to compared to Pennsylvania which used tobacco funds to fill potholes.

VIII. Next Public Meeting:

October 16, 2015, 1:30-3:30 pm

Chapel, DHSS Campus, 1901 N. DuPont Highway

IV. Adjournment

The meeting adjourned at 4:35 pm upon an unanimous motion.

Proposed line item budget for FY 2017

Employee Personnel Cost	\$340,000.00
Travel	\$11,000.00
Contractual Services	\$165,600.00
Supplies & Materials	\$35,000.00
Capital Items	\$10,000.00
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Overall Budget Proposed for FY 2016	\$561,600.00

Item 1: Employee Personnel Cost

1. Salary, Shift Differential, and OECs for Agents
2. Overtime and associated OECs
 - a. Overtime for CUW Recruitment and Training
 - b. Tobacco related Cops-in-Shops
3. Salary and OECs for Administrative Assistant
4. Hourly Wage and OECs for Cooperating Underage Witnesses

Total for this Section **\$340,000.00**

Item 2: Travel

1. Out of State Travel and Training for D.A.T.E. Personnel
2. Visits to other States to compare enforcement activities and effectiveness
3. In-State attendance at Conferences, Seminars, Etc.

Total for this Section **\$11,000.00**

Item 3: Contractual Services

1. Registration fees for Conferences, Seminars, Etc.
2. Fleet Vehicles
3. Parking Cards for Fleet Vehicles
4. Yearly cell phone charges
5. Point of Sale advertisements for Distribution to Licensed Tobacco Retailers
6. Postage
7. Printing
 - a. Retailer Compliance Notification Letters
 - b. Annual Letter to Retailers regarding D.A.T.E. Compliance and Enforcement Activities
 - c. Promotional Items printed through DIB
 - d. Notices, window stickers, and promotional printed items
8. Cellular airtime charges for the MDT operation

9. Costs for the continued development, implementation, and operation of computer programs related to:
 - a. Web Site
 - b. Tobacco Database
 - c. Other computer operations
10. Recognition awards for CUW's.
11. Tobacco Education & Outreach
12. Uniform Maintenance
13. Rent

Total for this Section

\$165,600.00

Item 4: Supplies & Materials

1. Office Supplies
2. Ammunition for Agents (includes Rifle ammunition)
3. Miscellaneous Uniform Equipment
4. Food for CUWs
5. Funds to purchase tobacco during compliance checks
6. Items for recognition ceremony
7. Promotional Items for the anti-tobacco program and the Division
8. Clerk Rewards Program
9. Taser Cartridges

Total for this Section

\$35,000.00

Item 5: Capital Items

1. Purchase of software and/or hardware relating to
 - a. Web Site
 - b. Tobacco Database
 - c. Other computer operations

Total for this Section

\$10,000.00

Code	Description	Total FY15
51003	Casual/Seaso	\$5,585.50
51004	Salary	\$177,417.84
51005	OT	\$43,016.16
51006	Shift Differential Salary	\$6,813.75
51008	Termination Sals-Vac Leave	-\$867.44
52001	Pension	\$43,388.80
52002	Health	\$41,177.68
52005	Wrk Cmp	\$3,682.55
52006	EmplShr SSI	\$13,848.47
52009	Unemp Ins	\$391.19
52016	Medicare	\$3,238.78
	Total	\$337,693.28



DELAWARE ALCOHOL AND TOBACCO ENFORCEMENT

2015 HIGHLIGHTS

Our mission is to protect the health, safety and welfare of people in Delaware through the enforcement of state liquor and youth access to tobacco laws, while maintaining the highest state of preparedness in response to threats against homeland security.

ENFORCEMENT

- DATE Agents have made a total of 41 arrests YTD for possession of a fake ID by underage individuals.
- In April, DATE Agents were notified of a subject that was stopped by a DSP trooper that was found to be smuggling cigarettes. Agents responded and arrested the driver of the vehicle, who was in possession of 394 cartons of untaxed cigarettes, all of which were seized. The driver was charged with the possession of untaxed cigarettes and the evading of state excise tax. This arrest was the driver's third time having been caught smuggling cigarettes obtained in Virginia though Delaware.
- In April, DATE Agents arrested a Georgetown man for selling alcohol from his house and acting as an unlicensed liquor store for migrant workers in the area. A search warrant was executed and a large amount of alcohol, three firearms, and \$1460.43 were seized. The owner of the residence was a convicted felon and was charged with the illegal sale and storage of alcohol, unauthorized possession of an EBT card, and possession of a firearm by a person prohibited.
- In June, DATE Agents received a tip from Dover Police Department that a subject was selling homemade alcoholic beverages to the public via Facebook. After securing undercover purchases, Agents executed a search warrant at the subject's Smyrna, DE residence. The liquor that was being sold was flavored grain alcohol mixture. The subject was charged with the illegal sale and storage of alcohol.
- In June, DATE Agents monitored and secured the third largest outdoor concert festival, which had over 340 servers on duty each day, at the Firefly Music Festival.
- In July, DATE Agents learned of a subject in the Georgetown area that was manufacturing authentic looking Delaware identification cards and selling them out of a business. A search

warrant was executed at a business in the town of Georgetown and the owner and a worker were charged with manufacturing of fictitious identification, trademark counterfeiting, possession of fictitious identification, and conspiracy. Various computers and monies were seized. Both subjects remain incarcerated pending trial.

- In August, DATE Agents were able to make undercover purchases of homemade liquor (moonshine) at a residence in Clayton, DE. A search warrant was later executed and a total of 22 jars of moonshine were recovered and two subjects were arrested for the illegal sale and storage of alcohol and evading state excise tax. The moonshine was reportedly manufactured in Tennessee. DATE Agents are currently working with the Tennessee ABC to track the source of this moonshine.
- DATE Agents have delivered over 1,100 Retailer Education Packets YTD to tobacco retailers in Delaware. This is done to ensure all tobacco retailers fully understand the tobacco laws and penalties for failing to comply with them
- DATE Agents have conducted over 1,000 (YTD) SYNAR and State mandated unannounced inspections at tobacco retailers statewide. The Division of Alcohol & Tobacco Enforcement is federally required to maintain an 80% (or greater) compliance rate for the prohibition of sales of tobacco to those who are underage. Failure to maintain this standard puts the State of Delaware at risk of losing \$2.6 million of funds in its substance abuse block grant. We are happy to report that our YTD Compliance Rate is 94.84%.
- An Underage Drinking Enforcement Campaign, "Party Crashers", was designed as a multi-agency enforcement initiative to cut down on underage drinking in a popular beach town (Dewey Beach) in Delaware where recent high school graduates descend upon to celebrate their achievement. DATE collaborated with the State Police, several local police departments, the state Fire Marshal's office the first two (2) weeks of June. The Sussex County Realtors Association was intrigued by our enforcement initiative and agreed to distribute over 100 campaign flyers in all vacation rentals within the target area. During the initiative, Agents arrested a 50-year-old homeowner accused of giving alcohol to 28 underage drinkers who were partying at his house. Officers also made 16 arrests during this initiative for underage possession or consumption of alcohol, 1 each for being a fugitive, pot possession and an open alcohol container, and 2 for walking on a highway while drunk.

COMMUNITY OUTREACH/EDUCATION

- Agents and staff have participated in over 25 Community Events YTD where educational information and presentations were exchanged with our communities. These events raise awareness and promote the dangers and legal consequences of underage tobacco and alcohol usage. Some of the events include the Delaware State Fair Health Fair for Kids, Safe Summer Day events, Community and Health Safety Fairs, Prevention and Awareness Day events and National Night Out Events.

- YTD Agents and staff have conducted over 12 Fatal Vision Goggle demonstrations in schools and at community events. These goggles are a hands-on prevention tool used to educate people of all ages about the consequences of alcohol misuse and abuse. Fatal Vision Goggles use special lens technology that allows the wearer to experience a realistic simulation of impairment.
- The media wrap on the DATE Humvee was used at approx. 8 community and school events to promote awareness and enforcement.
- The Division of Alcohol & Tobacco Enforcement conducts the mandatory Responsible Server Training in each county at least once a week. Agent George Merrill is currently assigned as the primary Trainer for this program, and has taught over 5,900 people YTD how to serve alcohol in a responsible manner.
- “Buyers Beware” Statewide Billboard Campaign launched in 2015 during the Prom/Graduation season to raise awareness about providing alcohol to minors and the penalties that ensue. More than 875,000 impressions were made via 10 strategically located billboards throughout all 3 counties in Delaware from May 22th – June 25th.
- The Safe Prom Ride Program was created to provide safe limo rides to high school seniors in Delaware. We partnered with the Office of Highway Safety, School Administrators and School Resource Officers to make this program a reality. As part of our agencies mission, our goal was to keep Delaware teens safe and sober and to raise awareness around underage drinking during one of their most unforgettable milestones. Students from Cesar Rodney High School and Mount Pleasant High School were chauffeured throughout the evening of May 2nd and May 27th by one of our Enforcement Agents in a racing truck limo wrapped in our “Keeping Delaware’s Youth Alcohol Free” prevention message. At the conclusion of the Mount Pleasant High School Prom, students were transported to the school sponsored after-prom party at their high school.



Easter Seals Delaware & Maryland Eastern Shore Camp Fairlee
Verna Wilkins Hensley
Presentation to: Health Fund Advisory Committee
October 7, 2015

Easter Seals Delaware & Maryland's Eastern Shore is:

- *Delaware's largest provider of Early Intervention Services – serving more than 700 children last year.
- *Delaware's largest provider of Personal Attendant Services, a critical support service to help keep people living independently in their own homes and not an institutional setting.
- *Delaware's largest providers of adult day programs – serving more than 600 adults with intellectual disabilities, as well as 200 adults with physical disabilities and seniors.

The goal of these and other Easter Seals services is to help people with disabilities live the fullest, most independent lives possible.

In addition, Easter Seals is a major provider of respite services that are designed to help the caregivers who often need a break from their continuous caregiving responsibilities. Our Caregiver Resource Center, Community Outreach Program and Assistive Technology Center, and on-site Case Manager – are some of the Easter Seals services available to support caregivers.

One of the most significant forms of respite utilized by the people we serve and their families is through our residential camp, Easter Seals Camp Fairlee.

Easter Seals Camp Fairlee has been addressing the need for accessible recreation and family respite for over 60 years. Located near Chestertown, Maryland, the camp was a former DuPont family estate that was donated to Easter Seals to serve individuals with disabilities.

Programs include the residential (overnight) week long summer camp sessions which offer children and adults with disabilities the opportunity for a camp experience in a fully-accessible setting. There are variations of summer camp, including weeks for children, weeks for adults, and weeks each summer dedicated to children with autism. In addition, there are respite weekends and travel trips.

Easter Seals Camp Fairlee is the only year-round **residential** camping facility in our region that offers children and adults of all abilities a safe and accessible camping experience, while

providing families much needed respite and peace of mind. (Campers range in age from 6 years-old to 86 years-old!) The availability of full-time nurses during sessions allows campers who are medically fragile to come to Camp Fairlee.

Respite dollars coming from the State of Delaware are authorized and paid through the individual's qualifying agency. For example, Delawareans with intellectual disabilities access respite dollars through the Division of Developmental Disabilities and can choose to use those dollars to come to Camp Fairlee.

A few years back, we realized that the availability of respite funding is very limited for individuals with physical disabilities, yet they and their families clearly also are in need of such care. Many individuals with physical disabilities require 24-hour care or supervision and family members need a break. It was this realization that prompted Easter Seals to apply for funding to meet this population's need through the Tobacco Fund.

Only Delawareans are eligible to utilize funding for respite through these Tobacco dollars and each is authorized individually through the Division of Services for Aging and Adults with Physical Disabilities DSAAPD. Currently, this funding specifically is used for week-end respite, from Friday evening through Sunday afternoon. We estimate the \$25,000 applied for will support respite for up to 40 individuals with physical disabilities or 40 units of service.

We partner both with DSAAPD and with disability-specific organizations such as the MS Society, The Brain Injury Association of Delaware to promote the program so those who need the services are aware of its availability.

Whether the funds are expended depends on the number of individuals who apply for respite. Last year Easter Seals was awarded a contract of up to \$18,100 through Tobacco dollars. However, we were not able to use all the funds not because of the lack of need but because Camp Fairlee was undergoing a major construction project from September to June and it prohibited us from offering the usual opportunities for respite weekends due to safety concerns. Construction is now complete and the newly expanded facilities are fully available for FY17.

I will end with some quotes given by some of the individuals who have been able to experience Camp Fairlee thanks to the respite dollars available through the Tobacco Fund:

"I don't feel like I have a disability when I am there." – Joe

"It is a great experience. You feel like you can do anything no matter what your disability is. The staff is great. I really enjoyed the zipline." - Debi

"I like meeting new people." – Mary

"I love it! I had a change. I had a break from my family and to be in a different environment. I enjoy the activities. I really liked sitting around the campfire. The showers were accessible, making it easier to do more for yourself. You are treated like you don't have a disability by everyone." -Brenda.



**HEALTH FUND ADVISORY COMMITTEE
BUDGET HEARING**

October 7, 2015

Fiscal 2017 Budget Request

I. Represents 14th year of continued funding to address the nursing shortage throughout the state.

II. Responsive:

Delaware Healthcare Commission Report (March 2002)

Delaware Healthcare Association Report (June 2004)

III. Accomplishments:

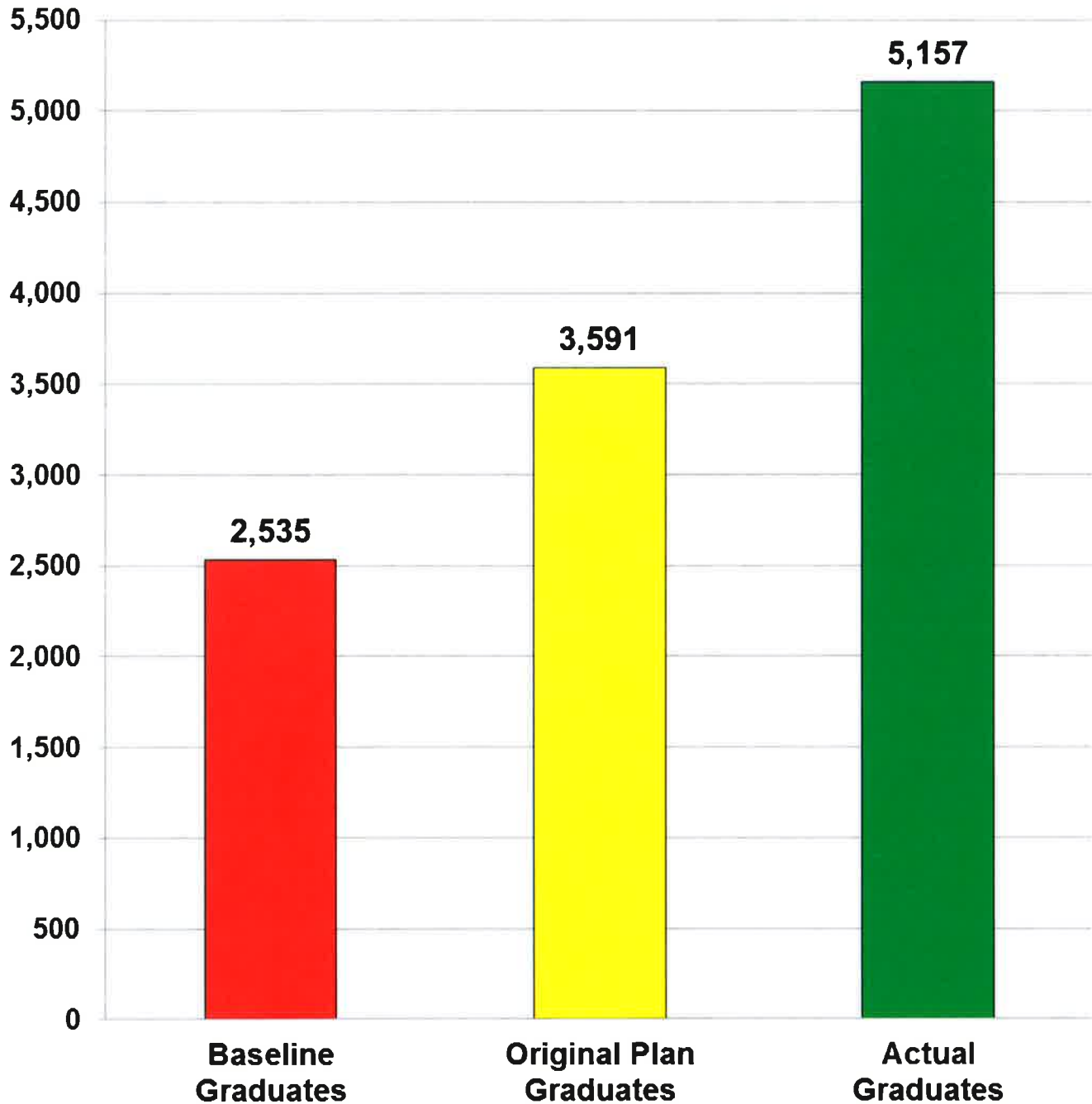
- a. Enrollments increased over 135% (to 833);**
- b. Removed barriers for students with increased financial aid;**
- c. Exceeded plan regarding number of degrees and diplomas awarded; and**
- d. Maintained outstanding licensure pass rate.**

IV. Requested Funding for:

- Total of 25 positions**
 - 19 Nursing Faculty**
 - 4 Science Instructors**
 - 2 Support Staff (Ed Lab Specialists)**

PROMISES MADE, PROMISES KEPT

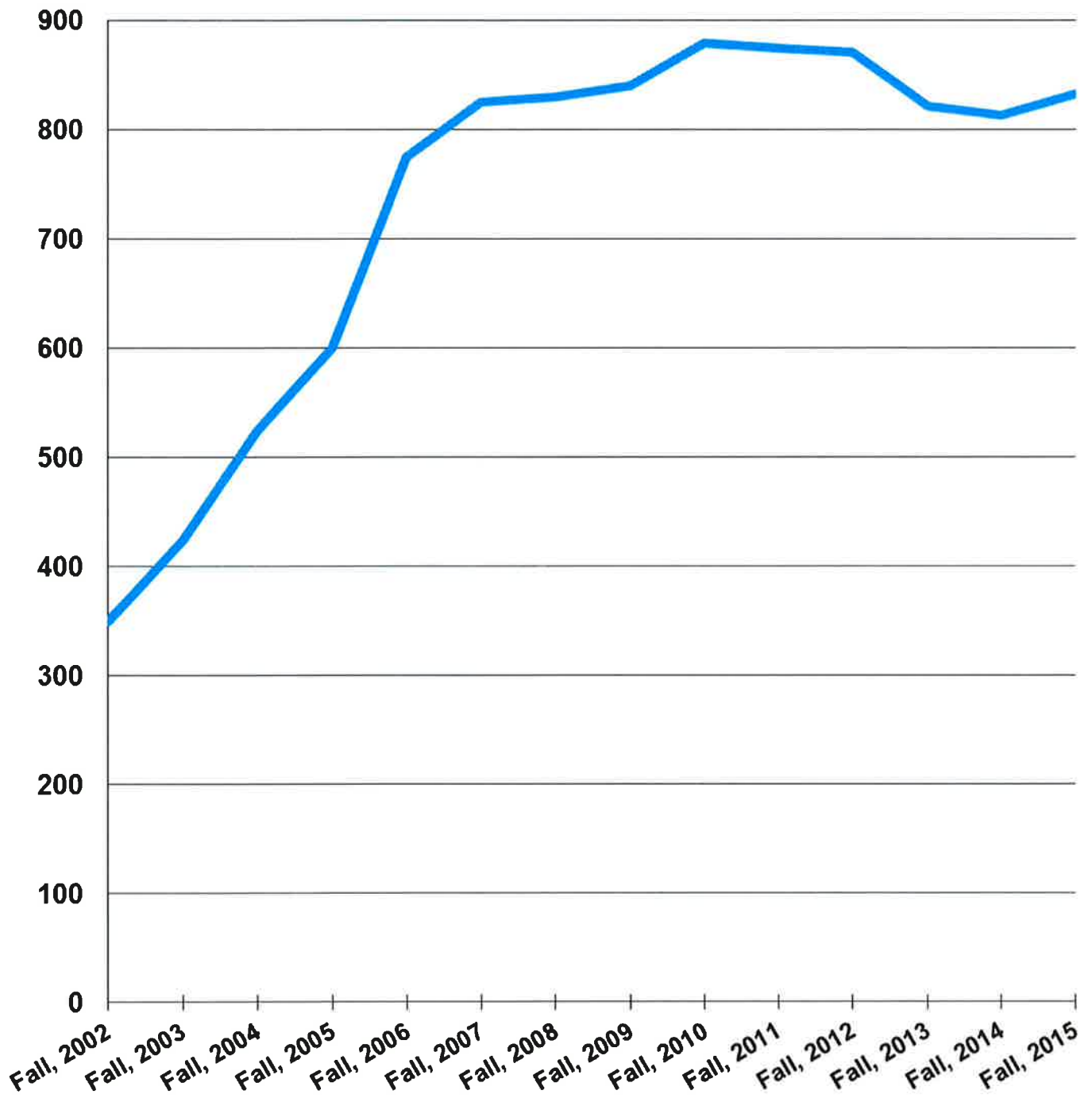
Nursing Degrees & Diplomas Awarded



May 2003 – May 2015

NURSING PROGRAM ENROLLMENTS

UPDATED OCTOBER 2015



**Board of Nursing
Licensure Pass Rates
First Time Candidates

FY 2011 - 2014**



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

ANNUAL STATISTICS NCLEX – SCHOOL YEAR 2011

NUMBER AND PERCENT PASSING OF FIRST-TIME CANDIDATES EDUCATED IN DELAWARE REGARDLESS OF WHERE THEY TOOK THE EXAM

RN – BY PROGRAM TYPE

10/1/2010 THROUGH 9/30/2011

Program Type	Took Exam	Passed Exam	Percent Passing
Associates	277	241	87.00
Baccalaureate	246	209	84.95
Diploma	29	26	89.66
Delaware Total	552	476	86.23
National	144570	126950	87.81

RN – BY SCHOOL

10/1/2010 THROUGH 9/30/2011

School	Took Exam	Passed Exam	Percent Passing
Beebe	29	26	89.66
DTCC – Owens	70	48	68.57
DTCC – Stanton	123	114	92.68
DTCC – Terry	84	79	94.05
Delaware State	37	29	78.38
University of DE	157	143	91.08
Wesley College	52	37	71.15

PN – BY SCHOOL

10/1/2010 THROUGH 9/30/2011

School	Took Exam	Passed Exam	Percent Passing
Camtech, Inc	57	34	59.65
DE Inst Hlth Sci	12	2	16.67
DTCC – Owens	96	84	87.50
DTCC – Terry	59	56	94.92
Delaware Skills Ctr	39	30	76.92
Delcastle Tech HS	10	7	70.00
Leads School	68	32	47.06
Polytech Adult Ed	21	18	85.71
Delaware Total	362	263	72.65
National	66780	57456	86.03



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ANNUAL NCLEX STATISTICS – SCHOOL YEAR 2012

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RN – BY PROGRAM TYPE

10/1/2011 through 9/30/2012

Program Type	Took Exam	Passed Exam	Percent Passing
Associates	300	265	88.33
Baccalaureate	221	183	82.81
Diploma	18	18	100.00
Delaware Total	539	466	86.46
National	149,869	135,211	90.22

RN – BY SCHOOL

10/1/2011 through 9/30/2012

School	Took Exam	Passed Exam	Percent Passing
Beebe	18	18	100.00
DTCC – Owens	79	65	82.28
DTCC – Stanton	114	99	86.84
DTCC – Terry	107	101	94.39
Delaware State	33	25	75.76
University of DE	143	132	92.31
Wesley College	45	26	57.78

PN – BY SCHOOL

10/1/2011 through 9/30/2012

School	Took Exam	Passed Exam	Percent Passing
Camtech, Inc	43	22	51.16
DE Inst Hlth Sci	15	5	33.33
DTCC – Owens	76	67	88.16
DTCC – Terry	40	37	92.50
Delaware Skills Ctr	24	19	79.17
Delcastle Tech HS	4	1	25.00
Leads School	61	34	55.74
Polytech Adult Ed	29	24	82.76
Delaware Total	292	209	71.58
National	64,157	53,885	83.99



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WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

ANNUAL STATISTICS NCLEX – SCHOOL YEAR 2013

NUMBER AND PERCENT PASSING OF FIRST-TIME CANDIDATES EDUCATED IN DELAWARE
REGARDLESS OF WHERE THEY TOOK THE EXAM

RN – BY PROGRAM TYPE 10/1/2012 THROUGH 9/30/2013

Program Type	Took Exam	Passed Exam	Percent Passing
Associates	309	263	85.11
Baccalaureate	214	174	81.31
Diploma	16	13	81.25
Delaware Total	539	450	83.49
National	154,954	130,613	84.29

RN – BY SCHOOL 10/1/2012 THROUGH 9/30/2013

School	Took Exam	Passed Exam	Percent Passing
Beebe	16	13	81.25
DTCC – Owens	60	40	66.67
DTCC – Stanton	134	119	88.81
DTCC – Terry	115	104	90.43
Delaware State	39	22	56.41
University of DE	144	126	87.50
Wesley College	31	26	83.87

PN – BY SCHOOL 10/1/2012 THROUGH 9/30/2013

School	Took Exam	Passed Exam	Percent Passing
Camtech, Inc	48	20	41.67
DE Inst Hlth Sci	4	0	0.00
DTCC – Owens	90	83	92.22
DTCC – Terry	22	21	95.45
Delaware Skills Ctr	32	29	90.63
Delcastle Tech HS	6	3	50.00
Leads School	108	35	32.41
Polytech Adult Ed	31	26	83.87
Delaware Total	341	217	63.64
National	59,146	50,083	84.68



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ANNUAL STATISTICS NCLEX – SCHOOL YEAR 2014

NUMBER AND PERCENT PASSING OF FIRST-TIME CANDIDATES EDUCATED IN DELAWARE
REGARDLESS OF WHERE THEY TOOK THE EXAM

RN – BY PROGRAM TYPE 10/1/2013 THROUGH 9/30/2014

Program Type	Took Exam	Passed Exam	Percent Passing
Associates	308	253	82.14
Baccalaureate	211	168	79.62
Diploma	26	23	88.46
Delaware Total	545	444	81.47
National	155,585	127,181	81.74

RN – BY SCHOOL 10/1/2013 THROUGH 9/30/2014

School	Took Exam	Passed Exam	Percent Passing
Beebe	26	23	88.46
DTCC – Owens	79	61	77.22
DTCC – Stanton	125	99	79.20
DTCC – Terry	104	93	89.42
Delaware State	36	17	47.22
University of DE	149	129	86.58
Wesley College	26	22	84.62

PN – BY SCHOOL 10/1/2013 THROUGH 9/30/2014

School	Took Exam	Passed Exam	Percent Passing
Camtech, Inc	22	7	31.82
DE Inst Hlth Sci	1	0	0.00
DTCC – Owens	87	82	94.25
DTCC – Terry	43	43	100.00
Delaware Skills Ctr	21	20	95.24
Delcastle Tech HS	3	0	0.00
Leads School	22	7	31.82
Polytech Adult Ed	19	14	73.68
Delaware Total	218	173	79.36
National	56,542	46,824	82.81

Div. of Medicaid & Medical Assistance

DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

10/7/2015

Pregnant Women and Infant program

Pregnant Women & Infant program

The Pregnant Women and Infant Program

- ▣ Eligible
 - Pregnant women and their infants up to age one
 - Incomes between 185% and 200% of the Federal Poverty Level
- ▣ To improve the health of pregnant women and infants by providing prenatal care and other needed medical coverage

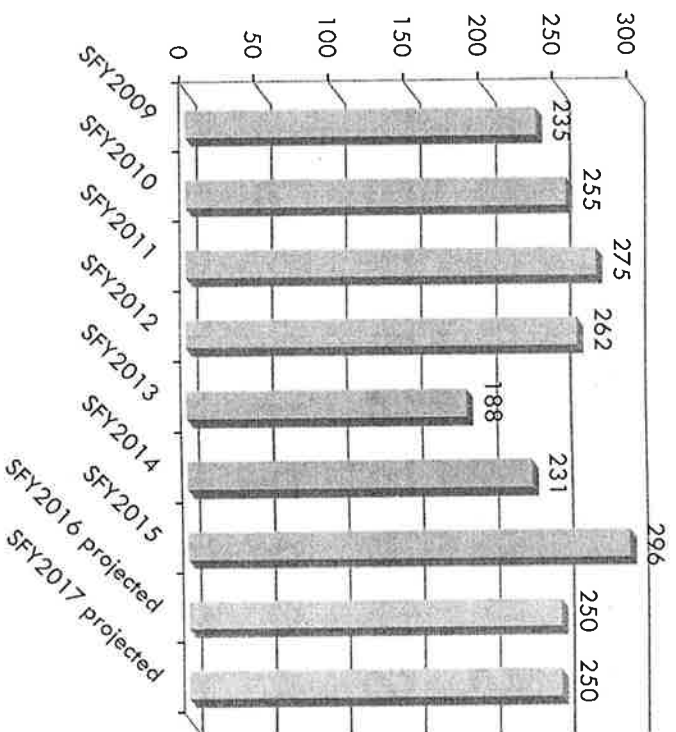
Pregnant Women & Infant program

- The program expenditures are matched with Federal Medicaid Funds
- Expenditures in SFY 2015
 - ▣ Total : \$2.2m (State: \$ 1.m & Fed: \$1.2m)
 - ▣ Increased state share by 27% from SFY 2014 (State Share \$809K)

Pregnant Women & Infant program

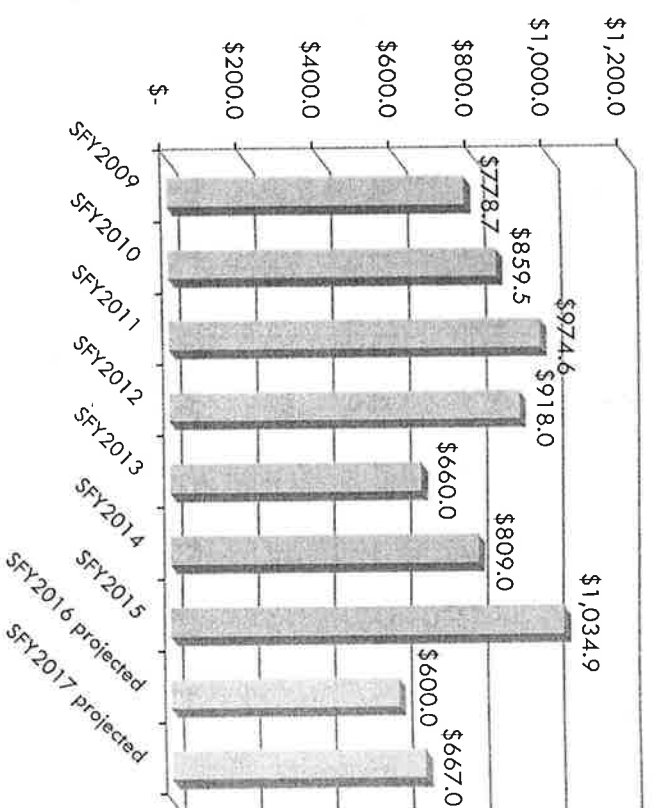
☐ Eligibles

(average monthly)



☐ Non Federal Expenditures

Non-Federal Expenditures (000s of Dollars)



Pregnant Women & Infant program

- The trend in the program requires more than FY 16.
 - ▣ SFY 14: Authorized: \$1M /Spent: \$809k.
 - ▣ SFY 15: Authorized: \$1M/ Spent: \$1M.
 - ▣ SFY 16: Requested & Authorized: \$600k
 - ▣ SFY 17: Request: \$667K
- Effective FY 16- Provision of Affordable Care Act adds 23% to Fed Match in CHIP

Good afternoon Secretary Landgraf and members of the Delaware Health Fund Advisory Committee. My name is Jennie Turner and I am here with Krissy Yurkanin. We are graduate students in health promotion at the University of Delaware. We are here to provide comment on a very important issue, the recommendations this committee makes to the Governor and the General Assembly for appropriating funding to prevent and control this state's number one killer – tobacco.

Secretary Landgraf may we take a few minutes to share our thoughts about this issue?

First, please know it is an honor to provide this statement for today's hearing, and while I do not come here pretending to be an expert on this issue, I do come here representing a voice from a population this committee has overlooked the past ten years, the Millennials, a generation who is now being impacted by the decisions you have made and will make relevant to annual payments this state receives pursuant to the Master Settlement Agreement.

I want to encourage you to use those funds more effectively to support the very issue it was enacted to combat – the threat tobacco has to our health, our economy, and the future vitality of Delaware – a state that has taken great pride in striving to be the healthiest state in the nation.

Fifty years ago, 50 percent of people in this country smoked cigarettes. Tobacco companies advertised everywhere, smoking was common in almost all public places. But today the culture and environment is different. Tobacco prevention and control measures have saved an estimated eight million lives over the last 50 years.

However, we are far from the finish line and in many ways we are starting the race over again. Despite enormous progress, the tobacco war still rages on. Because of innovative technology we are now faced with new enemies in tobacco that are affecting every community, in every corner of our nation.

Every day, more than 3,200 children under age 18 smoke their first cigarette, and another 2,100 youth and young adults who are occasional smokers become daily smokers and are now addicted to a legal killer.

Nonetheless, despite all that we do to reduce the disease and death caused by the tobacco epidemic, we seem to have forgotten that this entirely preventable public health tragedy did not occur by accident. The Surgeon General has said....

"the tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which deliberately have misled and continues to mislead the public on the risks of tobacco."

In addition to the tobacco industry making their products powerfully addictive, the industry spends eight billion dollars annually in marketing what they sell. This is nearly a million dollars an hour to advertise and market tobacco including the emerging killer, e-cigarettes.

In Delaware, the tobacco industry spends over \$1 million dollars a week on marketing compared to what this committee has supported in its recent funding recommendations to the Governor of only \$815 thousand dollars for an entire year.

Think about those funding data for a moment, the industry spends more on marketing in one week than what we fund for an entire year. Delaware's anti-tobacco social marketing efforts only amount to \$15 thousand dollars a week to counter the industry's massive marketing efforts.

As a graduate student, an emerging professional in the field of health, I can easily recognize that this is not the right investment to win the war against tobacco.

Before I conclude and ask my friend Krissy to provide the closing comments, I think it would be appropriate to pause here and acknowledge that in the time I've spent speaking that 10 children have taken their first puff of a cigarette, and sadly in that same amount of time, five adults have died from their lifelong use of tobacco products. We can do better and we must do better. My generation will inherit your decisions, I ask you to please make sure they will make a positive impact on my future!

Krissy

Secretary Landgraf and members of the Delaware Health Fund Advisory Committee. My name is Krissy Yurkanin and I would like to continue discussing the importance of a strong tobacco prevention and control effort for this state.

My generation, the Millennials, will live longer than any other generation this nation has known. It has been estimated that my peers will live to be at least 79 years of age. However, there will be a necessity for my generation to work until we are 73 years old because of the economic burdens placed on our generation by the decisions of prior generations, especially related to health and health care.

This committee's decision to recommend a tragically low level of funding for tobacco prevention and control efforts has and will continue to deeply affect the health of my generation and potentially compromise the future of Delaware to be a healthy and economically competitive state.

This committee has a significant opportunity to provide a recommendation to the Governor and General Assembly to support funding to prevent and control the only legal retail product available in this state and nation that if used as intended will kill – tobacco.

This Committee has a charge to be accountable to the intent of the Master Settlement Agreement which is to prevent and control the tobacco industry's efforts.

Nonetheless, this state has reduced its funding support for tobacco prevention and control by 50% over the past ten years. A decision that has impaired our efforts to be the healthiest state in the nation.

I'll conclude by saying, that this Committee could lead this state in a much better direction and that can be done by making a funding recommendation that honors the intent of the Master Settlement Agreement, to support a stronger and more effective tobacco prevention and control program in Delaware.

I ask you, this committee, to see in Jennie and I, the hope of our generation. A hope that is about receiving the torch from your generation – to continue a legacy of progress and innovation to remarkably change this state to be healthier and better for everyone.

In doing so, we have hope that you will provide a strong recommendation to the Governor to fund tobacco prevention and control at the level that will enable it to do what it is supposed to be doing - helping people, all people in this state to live longer, healthier lives because they are not threatened by the pain and suffering that are a part of preventable diseases and death caused by tobacco. I encourage you to recommend funding these efforts at the level being requested.

Jennie and I thank you for this opportunity to provide these comments today. I hope our words resonate in way that encourages you to support this important issue, without reservation, and with full unbridled commitment it is the right thing to do!

Thank you!

Health Fund Application FY-2017

Delaware Division of Public Health
Diabetes and Heart Disease
Prevention & Control Program

In Delaware, four chronic diseases.....

*heart disease, cancer, chronic lower
respiratory diseases and diabetes*
account for more than **half** of **all** deaths
among Delawareans.

DIABETES AND PRE-DIABETES

- According to the 2014 Delaware Behavioral Risk Factor Survey
 - Of those 18 years of age and older:
 - Approximately **80,800** (11.1%) persons have *diabetes*
 - Around **35,100** (23.7%) persons among those **65 and older** have *diabetes*
 - Among people diagnosed with *diabetes*, **46.7%** report having a disability, compared to **23.1%** of Delaware adult population report having a disability
 - About **54,700** (8.6%) persons have *pre-diabetes*, a condition when a person's glucose level is higher than normal but not high enough for the diagnosis of diabetes

HEART DISEASE

- According to the 2014 Delaware Behavioral Risk Factor Survey
 - Of those 18 years of age and older:
 - Approximately **34,907** (4.8%) persons have *angina or coronary heart disease*
 - More men* (6.4%) than women (3.3%) have *angina or coronary heart disease*
 - Around **20,800** (13.8%) persons among those **65 and older*** have *angina or coronary heart disease*

*statistically significant difference

HYPERTENSION¹

- According to the 2013 Delaware Behavioral Risk Factor Survey
 - Of those 18 years of age and older:
 - Approximately **256,800** (35.6%) persons have *hypertension*
 - More African Americans* (**43.6%**) have *hypertension* than Caucasians
 - Around **62,300** (51.8%) persons among those aged **55 to 64 years old***
 - Around **94,700** (64.9%) persons among those **65 and older** have *hypertension**

¹Hypertension is one of the leading causes of death in the United States.

PROGRAM FUNDING HISTORY

FY06 \$500,000



FY16 \$284,000



43.2% Decrease (\$216,000 over 10 years)

FY17 REINSTATEMENT OF FUNDS WILL:

- Provide statewide education awareness for prediabetes
- Support the National Diabetes Primary Prevention (DPP) program
- Support the Stanford Diabetes and Chronic Disease Self-Management Programs (DSMP/CDSMP)
- Support information technology for FQHC's to implement hypertension control initiative
- Build practice changes to enhance referrals to DPP, DSMP, CDSMP and education programs

ALIGNMENT WITH STATE INNOVATION MODEL:

- Develop and utilize data collection and score cards for measurement in quality of care
- Enhance practice redesign that supports healthcare transformation leading to value-based care
- Implement strategies for the utilization of Community Health Workers and other Team-Care approaches
- Enhance quality of care and patient health outcomes internal to Affordable Care Organizations, Patient Centered Medical Homes and practices participating in meaningful use efforts

Program interventions are designed and implemented to address the prevention and control of diabetes and heart disease in Delaware by improving health system design, access, self management skills, lifestyle changes and treatment through the utilization and/or promotion of:

Wellness	Lifestyle Change Programs
Physical Activity	Weight Management
Medication Adherence	Blood Pressure Monitoring
Resources	Referrals
Smoking Cessation	Evidence-based Programming
Electronic Health Records	Meaningful Use Measures
Team Approach to Care	Longing Resources
Self-Management Education	Influenza Vaccines
Prenatal/Postnatal Vaccines	Practice Redesign
Community Health Workers	Health Information Technology
Patient Centered Medical Homes	Affordable Care Organizations
Value-based Care	Testing and Exams